



APPLICATION FOR TICKET SALES

NAME OF ORGANIZATION:

NAME OF CONTACT:

ADDRESS: _____ PHONE: _____

NON-PROFIT ORGANIZATION? ☐ YES ☐ NO

PROPOSED DATE (S) OF TICKET SALES:

PROPOSED TIME (S) OF TICKET SALES:

PROPOSED LOCATION OF SALES:

IF ON SIDEWALK, IN FRONT OF:

WITH CONSENT OF OWNER: ☐ YES ☐ NO

FOR WHAT EVENT ARE SALES BEING MADE?

IF FOR A RAFFLE OR BAZAAR, HAS THE APPROPRIATE PERMIT BEEN SECURED FROM THE TOWN CLERK'S OFFICE? ☐ YES ☐ NO ☐ N/A

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF OWNER: _____ DATE: _____

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TO BE FILLED OUT BY THE TOWN AND COUNTY ADMINISTRATOR

Pursuant to my authority under M.G.L. Chapter 41, S23A and Selectmen vote on July 27, 1988 this application is hereby:

☐ APPROVED ☐ DISAPPROVED

Libby Gibson, Town and County Administrator

Date

cc: Police Department
Town Clerk